

CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION

In order for Congressman Carson to assist you, it is necessary that you provide all the information requested below. Please print out the form, complete it, sign it, and mail it to the address listed below.

Name: _____

Address: _____

City and Zip Code: _____

Daytime phone: _____ Evening phone: _____

Fax number: _____ Email: _____

Social Security number: _____

Please provide any other tracking numbers relevant to your case, such as Veteran Case Identification number, CSA number, IRS number, INS number:

Federal agency you need help with: _____

Brief description of the problem (attach more pages if necessary):

I hereby request the assistance of the Office of Congressman Carson in addressing the matter described above, and authorize Congressman Carson and his staff to receive any information that they may need in order to provide this assistance.

_____/_____/_____
Signature* Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file. (in bright contrasting color)

Please print and mail to:

Congressman Brad Carson
Attention: Casework
215 State Street, Suite 815
Muskogee, Oklahoma 74401

(please attach copies of any supporting documents)